

St. Marys Aquatic Center Swim Lesson Student Registration Form

Phone 912-673-8118

email: funatsmac@tds.net

Fee **\$40per student per session**

Student's Name (Please Print) _____ AGE _____ Circle one – male /female

Parent's Name (Please Print/ list Mom & Dad) _____

Street Address _____ City _____ Zip _____

HOME Phone _____ Work Phone _____ EMAIL _____

Has the child had lessons before? _____ If yes, when and what class completed _____

EXPLAIN ANY Medical Problems or Special NEEDS student may have. _____

Ability Level Circle One A = SCARED DOES NOT LIKE FACE WET B = GETS FACE WET WITH FEET ON BOTTOM

C = WILL FLOAT FACE IN WATER D = CAN SWIM UNDERWATER BUT NOT ON TOP E = CAN SWIM 20 FEET NEEDS STROKE INSTRUCTION

WB = Water Babies, ages 6 month- up to 3 yrs old parent in water with child.

Session Date Requested Circle One

[June 4 - June 14]

[June 18 - June 28]

[July 9 - July 19]

Lesson Time Requested Circle One [9:00 am, Ability A/B] [9:30 am Water Babies 6mth-3yr/A/B]

[10:00 am ability C/D] [5:30pm ability E only] [6:00pm ability B/C/D]

LIABILITY: I, the parent or guardian of the child listed above, hereby give approval to his/her participation in SWIM LESSONS. I assume all risks and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless City of St. Marys, St. Marys Aquatic Center, CCPSA Leisure Service, PSA, local league organization, the organizers, sponsors, supervisors, participants and persons transporting the child to and from activities, for any claim arising out of injury to the child, except to the extent and in the amount of the amount covered by accident and/or liability insurance held by the local league. MEDICAL: I also grant permission to the managing and/or Instructing personnel or other Aquatic representatives to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery deemed necessary by and adult licensed physician should the child become ill or injured while participating in activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment

Parent/Guardians Signature _____ Date _____

We have a minimum class size of 4 students to run the class.

Only the parent or legal guardian of the child named above may sign this registration form. Students are not officially registered for lessons until Forms are turned in and all fees are Paid. You may be offered an alternative time or location if there isn't sufficient registration to hold class or your child's skill level is different than above.

OFFICE USE ONLY: Amount paid \$ _____ CH/ CK# _____ Form accepted by: _____